

SUMMARY

The Referral Decline Recommendation of Non Specialty Case Based on Accuracy Analysis Regarding with Patient Perception (Study Of Referral Care from First Level Health Facilities to District General Hospital of Bangil Pasuruan)

Patient referral should be controlled based on the decree of Minister of Health about the clinical practice guideline for general practitioners in the primary health service facility. This aimed to control the quality and cost without neglecting the aspects of patient safety, effective action, and suitability on the need of patient, also cost efficiency. The target of safety zone non specialty referral was less than 5% per month and the achievement zone was less than 1% from first level health facility to advance level referral health facilities. District General Hospital of Bangil is one of advance level referral health facilities and main referral for first level health facilities and advance level referral health facilities in pasuruan region and its surrounding areas. District General Hospital of Bangil as the center of referral in Pasuruan region and its surrounding areas should be handling specialty cases. In fact, there are still many non specialty cases which are referred to District General Hospital of Bangil from the first level health facilities. The problem of this research was related to the referral ratio target of non specialty outpatient (RRNS) from first level health facilities to advance level referral health facilities (District General Hospital of Bangil) in 2014 amounted of 29%, in 2015 with 20%, and in 2016 with 27% from the safety zone target of 5%

The objective of this research was arranging the recommendation as the effort to decrease referral number of non specialty cases from first level health facilities to District General Hospital of Bangil Pasuruan District. This research was observational analytic research. The approach of this research was carried out by collecting data and information without any treatment, while related to the research period, the research used cross sectional approach; it was a research which was carried out in certain time. The dependent variable of this research was the referral accuracy, while the independent variable was JKN patient characteristics, and condition of first level health facilities. The population of this research was patient / family which would be referred to advance level referral health facilities (out patient of District General Hospital of Bangil) and members of JKN also the patients' medical record. Then, the sample of this research was patients which were referred to advance level referral health facilities (out patient of District General Hospital of Bangil) in August 2017. The average number of non specialty referral for patients in 1 month was 7626 patients, so that the samples which were analyzed were 292 patients.

The result of the research showed that the variable of JKN patient characteristics related to the age of patient referred with non specialty cases from first level health facilities to District General Hospital of Bangil, mostly in range of age of 36 – 45 years old, while related to the sex, female patients dominated the sample with 65.4%. The patients' occupations were mostly unemployed amounted of 52.1%, and their education level was mostly in Elementary School level

amounted of 31.2%. Based on the patients' opinion, the access to medical service was reachable amounted of 70.6% and the chi square statistical test showed that the number of $p = 0.177$ and $r = 0.177$ which meant that there was no relation between access to medical service and referral accuracy. From the factor of patient, there were two variables related to the referral accuracy, they were: request of patients and trust on the service of first level health facilities. The request of patients to be referral had 48.6% for its percentage, and from the previous percentage, the improper referral had 90.1%. The result of chi square test showed that there was relation between the previous points with value ($p = 0.000$ and $r = 0.666$). The variable of trust on first level health facilities service had 33.6% was the percentage for less trust, and from the previous percentage, 95.9% was improper referral of non specialty cases. The result of chi square test showed that there was relation between the two points with value of ($p=0,000$ and $r=0,592$).

In first level health facilities factor, there were three variables related to the ability of general practitioners, availability of medical appliances and KIE to patients. The perception of patients related to the ability of general practitioners was most patients stated that the general practitioners were able to do their works amounted of 81.2% and the rest was 18.8% that the patients stated that the general practitioners had less ability in treating the patients' diseases. From 18.8% of patients' statement, 92.7% was considered as improper in the referral of non specialty cases.

The results of chi square showed that there was a relation with the value of ($p=0,000$ and $r=0,423$). Related to the availability of medical appliances, 41.1% of patients stated that there was no medical appliances and 21.1% was considered as improper referral of non specialty cases. The results of chi square test showed that there was a relation with the value of ($p=0,040$ and $r=0,119$). Related to KIE to the patients, 24.0% of patients stated that they have never been given of KIE and 81.4% was considered as improper in the case of non specialty. The result of chi square test showed that there was a relation with value of ($p=0,000$ and $r=0,385$). 28.4% of the patients stated the medicines were not available in first level health facilities. The results of chi square showed that there was no relation between the availability of medicine with referral accuracy showed by the value of ($p=0,196$ and $r=0,075$). The given recommendations were as follows: 1) Enhancing the knowledge, perception and motivation of patients of JKN members about the gradual referral through persuasive communication, counseling, education and information distribution through mass media whether it is printed or electronics to the people and all staffs of first level health facilities. 2) Improving the trust of people toward the service in first level health facilities with the following ways: creating good self performance of all staffs in first level health facilities, working based on SOP, having empathy, improving the self ability through education and practices, also carrying out the accreditation. 3) improving the trust of patients related to the general practitioners' ability in first level health facilities with the following ways: each doctor in first level health facilities wears complete general practitioners' attributes and always having effective communication to the patient about the procedures which must be carried out to the patients, and also the treatment should be carried out based on SOP (Standard Operating Procedure), carrying out the

credential and re-credential of general practitioners existing in local government clinic and installing the clinic assignment letter in patient inspection place so that the patients could understand that the general practitioners who were treating them were competent general practitioners. 4) giving information to the people about kinds of treatment carried out in first level health facility in order to support the disease of patients and kinds of medicines which were available in each first level health facilities. 5) Coordinating with Medical Institution as the effort to supply the medical appliances which were not available, broken appliances, and also the availability of medicine. 6) carrying out the need analysis of medical appliances, medicines and regularly carrying out the inventory of medical appliances and medicines. 7) improving prolanis and PRB programs, also spreading the information of the program to the patients with chronic diseases in order to decrease the medicine availability problem in local government clinic.

RINGKASAN

**Rekomendasi Penurunan Rujukan Kasus Non Spesialistik Berdasarkan Analisis Ketepatan Menurut Persepsi Pasien
(Studi Pelayanan Rujukan Dari Fasilitas Kesehatan Tingkat Pertama Ke RSUD Bangil Kabupaten Pasuruan)**

Rujukan pasien harus dikendalikan sesuai dengan Keputusan Menteri Kesehatan tentang Panduan praktik klinis bagi dokter di fasilitas pelayanan kesehatan primer. Hal ini bertujuan untuk mengendalikan mutu dan biaya tanpa melepaskan aspek keamanan pasien, efektifitas tindakan, kesesuaian dengan kebutuhan pasien serta efisiensi biaya. Target rujukan non spesialistik zona aman adalah kurang dari 5% perbulan dan zona prestasi adalah kurang dari 1% dari FKTP ke FKRTL. Rumah Sakit Umum Daerah Bangil merupakan salah satu FKRTL dan pusat rujukan bagi FKTP maupun FKRTL di wilayah Kabupaten Pasuruan dan sekitarnya. RSUD Bangil sebagai pusat rujukan di wilayah Kabupaten Pasuruan dan sekitarnya sudah selayaknya menangani kasus – kasus spesialistik. Namun kenyataannya masih banyak terdapat kasus non spesialistik yang dirujuk ke RSUD Bangil dari fasilitas kesehatan tingkat pertama. Masalah penelitian ini adalah belum tercapainya target rasio rujukan rawat jalan kasus non spesialistik (RRNS) dari FKTP ke FKRTL (RSUD Bangil) tahun 2014: 29%, tahun 2015: 28% dan 2016: 27% dari target zona aman 5%.

Tujuan umum penelitian ini adalah menyusun rekomendasi upaya penurunan angka rujukan kasus non spesialistik dari FKTP ke RSUD Bangil Kabupaten Pasuruan. Penelitian ini merupakan penelitian observasional analitik. Pendekatan penelitian dilakukan dengan cara pengumpulan data dan informasi tanpa dilakukan perlakuan. Sedangkan menurut waktu penelitian menggunakan pendekatan *cross sectional* yaitu penelitian yang dilakukan pada saat tertentu. Variabel dependen pada penelitian ini adalah ketepatan rujukan sedangkan variabel independen yaitu karakteristik pasien JKN, kondisi FKTP. Populasi dalam penelitian ini adalah Pasien / keluarga yang dirujuk ke FKRTL (Poliklinik RSUD Bangil) dan merupakan peserta JKN serta Rekam Medis pasien. Sedangkan sampel penelitian ini adalah Pasien yang dirujuk ke FKRTL (Poliklinik RSUD Bangil) pada bulan Agustus 2017. Rata – rata pasien rujukan non spesialistik dari FKTP ke poliklinik RSUD Bangil dalam 1 bulan adalah 7626 pasien, maka sampel yang diteliti adalah sebesar 292 pasien.

Hasil penelitian menunjukkan bahwa dari variabel karakteristik pasien JKN usia pasien yang dirujuk dengan kasus non spesialistik dari FKTP ke RSUD Bangil sebagian besar berada pada rentang usia antara 36-45 tahun, jenis kelamin pasien terbanyak adalah jenis kelamin perempuan sebesar 65,4%, pekerjaan pasien terbanyak adalah tidak bekerja sebesar 52,1%, pendidikan pasien terbanyak dengan pendidikan SD sebesar 31,2%. Akses ke pelayanan kesehatan sebagian pasien menyatakan terjangkau sebesar 70,6% dan hasil uji statistik *chi square* menunjukkan nilai $p=0,177$ yang berarti bahwa tidak terdapat hubungan antara

akses ke pelayanan kesehatan dengan ketepatan rujukan. Dari faktor pasien terdapat dua variabel yang berhubungan dengan ketepatan rujukan yaitu : permintaan pasien dan kepercayaan pada pelayanan FKTP. Permintaan pasien untuk dirujuk memiliki persentase sebesar 48,6% dan dari persentase tersebut yang tidak tepat rujukan memiliki angka sebesar 90,1%. Hasil uji *chi square* menunjukkan ada hubungan dengan nilai ($p=0,000$ dan $r=0,666$). Variabel kepercayaan pada pelayanan FKTP memiliki persentase sebesar 33,6% untuk kategori kurang percaya, dari persentase tersebut 95,9% tidak tepat rujukan kasus non spesialisik. Hasil uji *chi square* menunjukkan ada hubungan dengan nilai ($p=0,000$ dan $r=0,592$).

Faktor FKTP terdapat tiga variabel yang berhubungan yaitu kemampuan dokter, ketersediaan alat medis dan KIE kepada pasien. Persepsi pasien tentang kemampuan dokter sebagian besar pasien menyatakan mampu sebesar 81,2% sisanya yaitu 18,8% menyatakan dokter kurang mampu menangani penyakit pasien. Dari 18,8% pernyataan pasien 92,7% tidak tepat dalam rujukan kasus non spesialisik. Hasil uji *chi square* menunjukkan ada hubungan dengan nilai ($p=0,000$ dan $r=0,423$), ketersediaan alat medis ($p=0,040$ dan $r=0,119$) dan KIE ($p=0,000$ dan $r=0,385$).

Hasil penelitian ini bisa memberikan rekomendasi bagi FKTP: 1) Meningkatkan pemberian KIE tentang mekanisme rujukan oleh seluruh petugas di FKTP dengan menggunakan media elektronik (televisi, radio) maupun cetak (brosur, leaflet). 2) Melaksanakan kredensialing dan rekredensialing terhadap dokter di Puskesmas. 3) Meningkatkan mutu dan kompetensi dokter umum FKTP melalui pelatihan dasar dan lanjutan. 4) Meningkatkan mutu pelayanan di FKTP dengan mengikuti akreditasi. 5) Berkoordinasi dengan Dinas Kesehatan dalam upaya penyediaan alat medis berdasar analisis kebutuhan di FKTP. 6) Secara rutin melakukan inventarisasi alat medis. Bagi BPJS Kesehatan: 1) Tidak bekerjasama dengan FKTP yang tidak terakreditasi. 2) Meningkatkan program prolanis dan Program rujuk balik. Bagi Dinas Kesehatan: 1) Mendorong FKTP segera melaksanakan akreditasi. 2) Penerapan kebijakan kapitasi berbasis kinerja sebagai komitmen pelaksanaan pelayanan dalam mengendalikan rujukan dari FKTP. 3) mengevaluasi kewenangan dokter umum di FKTP. 4) Mengevaluasi standar alat yang harus ada di FKTP.

ABSTRACT

The Referral Decline Recommendation of Non Specialty Case Based on Accuracy Analysis Regarding with Patient Perception (Study Of Referral Care from First Level Health Facilities to District General Hospital of Bangil Pasuruan)

Background In this research, there were many non specialty cases which were referenced to Regional Public hospital of Bangil from the first level medical facility in 2014 amounted of 29%, 28% in 2015 and 27% in 2016 from the safety zone target of 5%.

Purpose of this research was arranging the recommendation as the effort to decrease the reference of non specialty cases from first level medical facility to District General Hospital of Bangil Pasuruan. Research Method was observational analytical research with crosssectional design. The used sample collecting technique was simple random sampling with 292 respondent as the samples. The used data collection technique was interview with questionnaire guideline and study of medical record, also indepth interview.

Research Result. the patients factors variable which showed there was a relation consists of request of patients to be referral with value of ($p=0,000$, $r=0,666$) and trust variable toward service of first level medical facility with the value of ($p=0,000$, $r=0,592$). The first level health facilities variable which possessed the relation was the ability of general practitioners with the value of ($p=0,000$, $r=0,423$), the availability of medical appliances with the value of ($p=0,040$, $r=0,119$) and KIE to the patients with the value of ($p=0,000$, $r=0,385$).

Conclusion of this research showed that there were many patients who had negative perception toward first level medical facility so that the main recommendation to decrease the reference of non specialty cases was changing the negative perception of people about first level medical facility by increasing the quality of each first level medical facility through accreditation.

Keywords : Referral accuracy, non specialty cases, patients perception

ABSTRAK

Rekomendasi Penurunan Rujukan Kasus Non Spesialistik Berdasarkan Analisis Ketepatan Menurut Persepsi Pasien (Studi Pelayanan Rujukan Dari Fasilitas Kesehatan Tingkat Pertama Ke RSUD Bangil Kabupaten Pasuruan)

Latar belakang dalam penelitian ini adalah masih banyak terdapat kasus non spesialistik yang dirujuk ke RSUD Bangil dari fasilitas kesehatan tingkat pertama tahun 2014: 29%, tahun 2015: 28% dan 2016: 27% dari target zona aman 5% .

Tujuan dari penelitian ini adalah menyusun rekomendasi upaya penurunan rujukan kasus nonspesialistik dari FKTP ke RSUD Bangil Kabupaten Pasuruan. Metode penelitian adalah observasional analitik dengan rancang bangun *crosssectional*. Teknik pengambilan sampel menggunakan *simple random sampling* dengan sample sebesar 292 responden.. Teknik pengumpulan data menggunakan wawancara dengan panduan kuesioner dan telaah rekam medik serta *indept interview*.

Hasil penelitian variabel faktor pasien yang menunjukkan ada hubungan adalah permintaan pasien untuk dirujuk nilai ($p=0,000$ dan $r=0,666$) dan variabel kepercayaan pada pelayanan FKTP ($p=0,000$ dan $r=0,592$). Variabel faktor FKTP yang memiliki hubungan adalah kemampuan dokter ($p=0,000$ dan $r=0,423$), ketersediaan alat medis ($p=0,040$ dan $r=0,119$) dan KIE kepada pasien ($p=0,000$ dan $r=0,385$).

Kesimpulan dari hasil penelitian masih banyak pasien yang mempersepsikan negatif FKTP sehingga rekomendasi utama untuk menurunkan rujukan kasus non spesialistik adalah mengubah persepsi negatif masyarakat tentang FKTP dengan cara meningkatkan kualitas masing – masing FKTP melalui akreditasi.

Kata kunci : Ketepatan rujukan, kasus non spesialistik, persepsi pasien